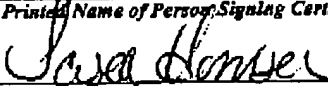
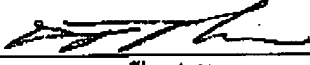



CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. JEN-0111-P
Applicant(s): Jin, et al.			
Application No. 10/665,391	Filing Date September 19, 2003	Examiner Sanders	Group Art Unit 1714
Invention: DENTAL COMPOSITE MATERIALS AND METHOD OF MANUFACTURE THEREOF			
RECEIVED CENTRAL FAX CENTER DEC 06 2005			
<p>I hereby certify that this <u>Amendment Transmittal (1pg) and Amendment (19pgs)</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)</p> <p>on <u>December 6, 2005</u> (Date)</p> <p style="text-align: right;"><u>Tasia Hansen</u> (Typed or Printed Name of Person Signing Certificate)  (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

P18/REV02

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. JEN-0111-P	
Applicant(s): Jln, et al.					
Application No. 10/665,391	Filing Date September 19, 2003	Examiner Sanders	Customer No. 23,413	Group Art Unit 1714	Confirmation No. 4214
Invention: DENTAL COMPOSITE MATERIALS AND METHOD OF MANUFACTURE THEREOF					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	35 -	35 -	0	x \$25.00	\$0.00
INDEP. CLAIMS	2 -	2 -	0	x \$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 <i>Signature</i>			Dated: December 6, 2005		
Yong Zhao Reg. No. 57,014 Phone No. 860-286-2929			 <i>Signature of Person Mailing Correspondence</i> Tasia Hansen <i>Typed or Printed Name of Person Mailing Correspondence</i>		
cc:			I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" (37 CFR 1.6(e)) on December 6, 2005 (Date)		

P116SMALL/REV09

JEN-0111-P

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jin, et al.)
Serial No.: 10/665,391) Group Art Unit: 1714
Filed: September 19, 2003) Examiner: Sanders
For: DENTAL COMPOSITE)
MATERIALS AND METHOD OF)
MANUFACTURE THEREOF)

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VIA FACSIMILE: 571-273-8300
Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Sir:

This Amendment and Response is submitted in response to the Office Action dated September 6, 2005. Please reconsider the Application in light of the following amendments and remarks.